

Dr. Rohlfsing 4724 Gravois Ave
No. 300
10.48
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6778

State File No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1403	
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Convalescent Home				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2164 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 13 4359 Taft Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Lena b. (Middle) c. (Last) Steigler		4. DATE OF DEATH (Month) (Day) (Year) 2-11-1950		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Unknown		9. AGE (In years last birthday) Months Days Hours Min. abt 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Amalia Hoffmann	
14. NAME OF HUSBAND OR WIFE *****		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marcel Guenzel Sappington Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stroke & Seizure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) HOV		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Jan 12, 1950 to Feb 11, 1950 , that I last saw the deceased alive on Feb 11, 1950 , and that death occurred at Feb 11, 1950 , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Dr. Rohlfsing	
23b. ADDRESS 4724 Gravois Ave		23c. DATE SIGNED Feb 11/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-13-1950	
24c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		24d. LOCATION (City, town, or county) (State) 4209 Bates St Mo		25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhain		25. ADDRESS 6409 Gravois Ave	
DATE REC'D BY LOCAL REG. FEB 13 1950		REGISTRAR'S SIGNATURE J. B. Lacater		25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhain		25. ADDRESS 6409 Gravois Ave	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Henry M. Brammer

Licensed Embalmer No. *4200*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.